PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax

E DE DE

NSTRUCTIONS: This is a peropriate. All further of idicated unless corrected internance fee notification	d below or directed oth	or transmitting the ISS g the Patent, advance of cerwise in Block 1, by (pondence address;	and/or ((b) indicating a separ	domestic mellinos of the	
CURRENT CORRESPONDE	Fee	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
70119	7590 07/24	/2008		Certificate of Mailing or Transmission				
THOMPSON C ATTN: RICHAR	Sta	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
ONE U.S. BANK	্থিয়। —	(Depositor's name)						
SAINT LOUIS, I	WOOSIUI	ļ <u>.</u>				(Signature)		
			 - -				(Date)	
							CONFIRMATION NO.	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	<u> </u>		NEY DOCKET NO.		
10/534,571 10/11/2005			Charles M. Rice III					
TILE OF INVENTION: HIGHLY PERMISSIVE CELL LINES FOR HEPATITIS C VIRUS RNA REPLICATION								
		r	THE MANUAL THE DATE	PREV. PAID ISSU	T 899 3	TOTAL FEE(S) DUE	DATE DUE	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEB DUE			5040	10/24/2008	
nonprovisional	МО	\$1346 g	,510 \$300	\$0		\$ 15	310	
EXAM	INER	ART UNIT	CLASS-SUBCLASS]		1 (
LUCAS, ZACHARIAH 1648			435-006000					
CFR 1,363).	ence address or indication	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. 1 Thompson Coburn LLP Charles P. Romano, Ph.D.						
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			m the same of a gire	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
			2 registered patent attorneys or agents. It no name is 3					
ASSIGNEE NAME A	ND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or t	ype)	naa in id	entified below the de	neument has been filed for	
B. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PRINTED O								
(A) MAINE OF MODICAL								
Washington	University		St. Louis, Missouri					
Please check the appropriate assignee category or categories (will not be printed on the patent):								
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown about the following fee(s) are submitted:							DED WELL BOOK 10/	
X I Issue Fee	D D but amodés a	and Form PTV-2038 is attached.						
X Publication Fee (No small entity discount permitted) Advance Order - # of Copies								
5. Change in Entity Sta	tus (from status indicate	ed above)	b. Applicant is no k	anna alaimina SMA	TT PNT	TITY status, Sec 37 C	FR 1,27(g)(2).	
a. Applicant claim	S SMALL ENTITY Sta	hus. See 37 CFR 1.27.	ed from anyone other than	the applicant; a res	ristered :	utorney or agent; or the	ne assignee or other party in	
NOTE: The Issue Fee an interest as shown by the	records of the United St	ates Patent and Testlems	ark Office.		7	18/20	ne assignee or other party in	
Authorized Signature			Dat					
Typed or printed name Charles P. Romano			Registration No. 56,991 ion is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) R. 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and the depending upon the individual case. Any commence of the ground of time you require to complete by depending upon the individual case. Any commence of the USPTO time you require to Complete.					
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandra, 1	nation is required by 37 atiality is governed by 3 d application form to the ions for reducing this by Virginia 22313-1450. D	CFR 1.311. The informs 5 U.S.C. 122 and 37 CF us USPTO. Time will vaurden, should be sent to O NOT SEND FEES OF	ation is required to obtain of R 1.14. This collection is any depending upon the incute the Chief Information Off R COMPLETED FORMS	r retain a benefit by estimated to take 12 lividual case. Any c icer, U.S. Patent an TO THIS ADDRES	the publications of the comment of t	it o complete, including to one the amount of the amount of the architecture. U.S. Dep D TO: Commissioner	n by the OSF TO Whether and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.